1. PLACE OF D

b. CITY OR RURAL on

NAME OF

15. WAS DECEA

18. CAUSE

Canditio

gove ris

220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

22b.

8/12/58

5. SEX
femal
100. USUAL OCCUPING MOTHUS
13. FATHER'S N

M	ARYLANI	STATE DEPARTM	LENT OF HEALTH	BALTIMORE, 1	8	10500
	3504	CERTIFICA	ATE OF DEATH		Reg. Dist. No	10575
Talbot		MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylan	- 6 COUNTY	111111	ore admission) Caroline
TOWN (If outside corporate form) Easton	orole limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF autsic		URAL and give ne	carest fown)
HOSPITAL (If not in h TUTION Memoria)			d. STREET ADDRESS			o. IS RESIDENCE ON A FARM? YES NOTE
	First	Middle	1	DATE Mor	ith D	loy Year
	iola	Griffith	Dramor Tora!	DEATH Augus		1958
e 6. COLOR C		RRIED NEVER MARRIED	Jan.8, 1892	9. AGE (In years lest birthday) OO yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
CUPATION (Give kind I of working life, even CWOPK AME	of work done 10 if retired)	b. KIND OF BUSINESS OR INDU	Maryland		1	OF WHAT COUNTRY
orah Brin	asfield	USS In-eg-	Agnes Pard	loe		
SED EVER IN U. S. ARI			nFORMANT rs. Mildred I	ouglas, Pi	reston,	Md.
OF DEATH [Enter on T I. DEATH WAS CAU IMMEDIATE (SED BY:	light sold (c)	: Melon	and of		TERVAL BETWEEN
ns, if ony, which }	(6)		night	bun le	7	
e to immediate stating the under- se last.	DUE TO		/	/		
II. OTHER SIGNIFICA	ANT CONDITION	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?

cause (a). lying cou CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20t, (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc. Hour o. m. While Not while at work ol work p. m. 21. I certify deceased from .. 19____that I last saw the deceased alive on hat death accurred at M, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

Cemetery

DATE

24d. REC'D BY REGISTRAR

22c. NAME OF CEMETERY OR CREMATORY

Union Grove

Preston.

ADDRESS

22d LOCATION (City, town, or county)

Caroline County, Md.

246. REGISTRAR'S SIGNATURE CITTING S. Thank

(State)

VS A15 (4) 15M 9/55

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Poge A	irector,		H	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	95 05	CERTIFICATE OF DEA	HTA	Reg. Dist. No.
)	1. PLACE OF DEATH o. COUNTY Talbot	MARYLAND 2. USUAL RESIDENCE O. STATE	E (Where deceased lived. If instit	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	GTH OF STAY IN 16 c. CITY OR TOW U.S. 40 min Der	of (If outside carporote limits, write	RURAL and give nearest tawn)
>	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION M. P. Jan R. V. G. L. H.	spital 212	N. 5 5 S	. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Granville	Middle Brown.	DEATH Augu	onth Day Year 1958
	M C WIDOWED	DIVORCED B. DATE OF BIRTH	P. AGE (In year lost but hear)	rs.
	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND O during most of working life, even if retired)	emmer. Max	yland	12. CITIZEN OF WHAT COUNTRY?
:	Harvey Brown.	14. MOTHER'S MAI	Elizabet.	4.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service)	SECURITY NO. 17. INFORMANT	A	ddress
	18. CAUSE OF DEATH [Enter only one couse per line for a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ye carelal	profestion	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b)	may thrus	Mali	
	gove rise to immediate cause (a), slating the under lying cause last. DUE TO			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB			GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED, (Enter noture of inju		
	O 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY C While No. 19 at wark of the control of the	OCCURRED 20e. PLACE OF INJURY [Home factory, street, office bld work		(County) (State)
	21. 1 certify that I affected the deceased the	m, 19, to , and that death accorred at 2	SIMO	that I last saw the deceased and an the date stated above.
	ACTUAL SIGNATURE CONTROL OF SIGNATURE	M.D. 2195	NODRESS (Street; city or tow	on stole DATE SIGNED Avg 6/193
1	PHYSICIAN'S E.C.H. School	not Eag	ton 16 M	Jarlace
	BONETHL AUG. 10, 1958	VAME OF CEMETERY OR CREMATORY	22d. LOCATION (City-tour	or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	DDRESS Delos, led, DA	150 100	GISTRAR'S SIGNATURE

3006	CERTIFICA	AIE OF BEATTI	R	leg. Dist. No.
a. COUNTY Talb & T	MARYLAND	2. USUAL RESIDENCE (Where of on STATE	and b. county	Talbot
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (II/autsid	e carparale limits, write RUR.	AL and give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Memory a Life Hospital	al al	d. STREET ADDRESS		•. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Ruth	Middle C.	,	DATE Month OF DEATH AUGUS	Day Year 1955
5. SEX 6. COLOR OF RACE 7. MARRIED WIDOWED 1	DIVORCED	8. DATE OF BIRTH	1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min,
100. USUAL OCCUPATION (Give kind of work done 10b, KIND O during appt of working life, even if retired)	F BUSINESS OR INDU	- Indian a)	12. CITIZEN OF WHAT COUNTRY
Dr. Kent Wheeloc	K.	Matilda	11. 1	son.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You no. or unknown) (If yes, give wor or doles of service) (If yes, give wor or doles of service)		Halbrond OK	Address L	Witness My
18. CAUSE OF DEATH [Enter only one couse per line for [o] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)). (b). and (c).	l vifaction	lue	INTERVAL BETWEEN
Conditions, if any, which gave rise to immediate cause (a), stoting the under-	chiro, dies	tic convuny	Marcoloni	14hrs.
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter nature of injury in Port I	or Port II of item 1B.)	
	OCCURRED 20e. PL of while fo	ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	Of. (City or town)	(County) (Stole)
21. I certify that I attended the deceased from alive an 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that death			1 .
	HARRISE	V		
PREMOVAL (Specify) Con 1 1 5 8 10 10 10 10 10 10 10 10 10 10 10 10 10	Tallaws	R CREMITORY 226	LOCATION (City, towns or a	county) (State)
3. FUNTERS DURECTORS SIGNATURE	opkess A	246. REC'D BY		AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 should be detach for use as the burial-transit permit. Then please remove carbo pers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after acoth. VS A15 (4) 15M 9/55

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completely filled in by the funeral director, pers. Pages 1 and 2 shaved be filled with O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detact. For use as the burial-transit permit. Then please remove carbothe registrar prior to burial, cremation, ar remaval, and in any event within 72 hours-after a may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: Any this certificate has been significantly be detacted for use as the burial-transit

TO MOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the Beath certificate be executed within 24 hours after death. Tage # VS A15 (4) 15M 9/5S

	CERTITION	TIE OF BEATTI	Reg. Dist, I	No.
1. PLACE OF DEATH O. COUNTY TAI bot	MARYLAND	2. USUAL RESIDENCE (Where deceased live D. STATE NARY AND	TP. COUNTY GUE	en Ann
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Aston	27 da	c. CITY OR TOWN (If outside corporate	imits, write RURAL and give	nearest town]
d. NAME OF HOSPITAL (IF not in hospital, give street OR INSTITUTION TO EVI) OR IN	HOSpitA	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First	Middle C	OUINGTON 4. DATE OF DEATH	Month	Day Year 15 19 5 2
Te W WIDOW	ED DIVORCED	10217-1891	ost birthday) Menths Day	
100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) ARY AN	12. CITIZEN	LS A
Daniel Haddaway	7	14. MOTHER'S MAIDEN MAME	FRAMP	tow
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [17 yes, give wor or dates of service]	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
18. CAUSE OF DEATH [Enler only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coron ary	Merone boses		NTERVAL BETWEEN DISET AND DEATH SURVEY
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	Coron ary a	the wor elevorin		(3)
/ 17	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO 18
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in Part I or Part II o	f item 1B.)	
Hour a.m. While		ACE OF INJURY (Home, farm, large, street, office bldg., etc.)	awn) (Caun	(Stote)
21. I certify that attended the decease alive on 19	00 1111		te causes and on the city or Jown, store).	
SIGNATURE //Cless Pra	Jane te	M.D. Chille	May land	, (1)
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF	MARRISON			16 Rugs
REMOVAL (Specify)	22c. NAME OF CEMETERY O	K CKEMATORY 726. LOCATION	I (City, town, or county)	(State)
23. EMPTERAL DIRECTOR'S SIGNATURE	ADDRESS /	240. REC'D BY REGISTRAR DA LUG 1 9 '58	Orthun S. Kra	

	9508		CERTIFIC	ATE OF DI	EATH		Reg. Dist. No.	
1. PLACE OF o. COUNT			MARYLAND	i o STATE	NCE [Where deceased 7 a R y LANG	lived, If institution b. COUNTY	Residence before	odmission)
RURAL	R TOWN (If outside corporate li and give nearest town) ASFON	1	6 days	Pre	WN (If outside corpore	ote limits, write RUR RURAL		si fown)
THE	OF HOSPITAL (If not in hospital MEMOR: AL	HOSpin	+AL	d. STREET ADI	tarmeny			IS RESIDENCE ON A FARM? (ES NO 12)
3. NAME OF DECEASED (Type or p	rint) BE		Middle	FOL	S JATE OF DEATH	augu	A G	Yeor 1958
5. SEX	W	WIDOWED WINDOW	DIVORCED [8. DATE OF BIRTH	13,1886	10st birthdoys 7 2 yrs.		lours Min.
during m	OCCUPATION (Give kind of wor out of working life, even if retir	ed)	F BUSINESS OK IND	14. MOTHER'S M	anglan	untry)	u. S	what country?
}	JAMES EASED EVER IN U. S. ARMED PO	KEMF	SECURITY NO. 117.	JEN NI INFORMANT		EETWO		
NO NO	(If yes, gave war or dates a	of service)	- c		FOLS, 1	RESTON		RED
		101 Kuls), (b), and (c).]	ent	rles			AND DEATH
	DUE:	(b) flek	hil.	the	hour			
lying co	o), stating the under-	(c)	9					
TCAT	ANT II. OTHER SIGNIFICANT CO	lund	me of	nem	u 09:	×	11/11/11	PERMORMED?
	IDENT WAS UNDERLYING TRIBUTING CAUSE OF DEAT R. NOTIFY MEDICAL EXAMINER OF INJURY Month, Doy,))			njury in Port I or Port			
WED CALL HOLE		While No	t white work	actory, street, office b	me, form, 20f, (City oldg., etc.)	or Iown]	(County)	(Stole)
21. I co	n laterfied t	120-15-16	, and that deat		10M, from	the causes and	d on the date	
ACTUAL	RE DELYSE	how	X	M.D. 219	Sillor	eel, city or town, sto	in st.	DATE SIGNED
PHYSICIA NAME (T	ype)	Sety	mall	Eczi	tory 16,	Mary	lard.	
PEMOVA	CREMATION, 22b. DATE THER L (Specify) AUG. O DIRECTOR'S SIGNATURE	1958 HI	AME OF CEMETERY LL CRES DORESS	T CEMETE	RY FEDI	ON (City, town, or ERALSBU	LRG, M	(State)
12	Framation &	on Lea	teralebr	rg med o	AUG 1 4 58	AK 245 KEGISTI	A FLOUR	

VS A15 (4) 15M 9/55

	CERTIFICATE OF DEATH		
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	EAST A		
Principle St.			TAX T
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		A.	
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	力			9509		CERTIFIC	ATE OF DEATH	1	Reg. Dist. N	09502
directar	Part Part Part Part Part Part Part Part	1.	LACE OF DEATH	16 o't		MARYLAND	2 USUAL RESIDENCE (Who a. STATE	ere deceased lived If inst		fore admission)
E G	3		b. CITY OR TOWN (IF RURAL and give no	outside corporate limi prest town) a STOM.	ls, write c. LE	bdays	c. CITY'OR TOWN UK o	utside corporate limits, wri	ite RURAL and give in	earest fown)
ž ž	and 2 should	L	d. NAME OF HOSPITA	Merial	rive street addres	pital	d STREET ADDRESS			on a FARM? YES NO
in 24 ha filled in	_		NAME OF DECEASED (Type or print)	Deb	bie	Middle Ellon	Fountain	OF DEATH HUG	945T 1	Day Year 19 5 8
ed with		5.	F	6. COLOR OR RACE	WIDOWED	NEVER MARRIED	March 8,1		yrs.	
and sam			during most of work	ing life, even if retired	done 10b, KIND	OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (STOTE	lugnia	U.S. CHIZEN	A.
sician o	we carbo		FATHER'S NAME	Devo	20		Debb.	ie Ada	ms.	
ih certificate Jing ohysicia	n please remave carb	15. (Ye	, na. or unknown)	IN U.S. ARMED FOR	ervice)		Derley Der	esting - y	Address	mg.
the death he attendir	hen plea			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	<u>, 2ul</u>	parach	oid Remor	rhage	0	ITERVAL BETWEEN NSET AND DEATH
requires that an. It staned by t	isit permit. T		Conditions, if or gove rise to in couse (a), sloting to lying couse lost.	y, which) (b)					
he law physici has bee	naval, o	ICATION			acut	e myoc	ordials in	forction	V	19. WAS AUTOPSY PERFORMED? YES NO N
JAN: Jending	the bu	L CERTIF	(IF EITHER, NOTIFY		20b. DESCRIBE		RED (Enter noture of injury in f)	
PHYSIC Tolor of this cert	r use as	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Doy, Yes	While t	OCCURRED 20e.	PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.	20f. (City or town)	(Count	y) (State)
NDING e horail	ourial, c		21. I certify the	6t 1 attended the	deceased fr		, 1958, to 8 th occurred at 4:37			saw the deceased late stated above.
ok ATar ed by ∯ RECTO	be deterior to t		ACTUAL SIGNATURE	Robert V	V. Tra	wer	MD. Memor	ADDRESS (Street, city or to	estal, E	DATE SIGNED
PITAL C Fretain RAL DI	3 should by gistror pri		PHYSICIAN'S NAME (Type)	Polet	W.	Trever				
may be of FUNER	e age	<	SEMOVAL (SAME FY)	1/	958		erry Ceny.	22d LOCATION (City, 100	alubrery, 1	(State)
VS A1:	1	23.	FUNERAL DIRECTOR?	M ranne	-	ADDRESS Talendisla	63	UG 1 8 '58	Christian & F	Trans.
	(- /				()			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EOE STETE Reg. Dist. No. HEALTH DEPT I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) sany, please clor. Page n. COUNTY files. Health, **b.** COUNTY MARYLAND b. CITY OR TOWN III nuture entrarrete lum - LENGTH OF STAY IN TH c. CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) yaur J dead make marked town 0. e funeral dire retained for a State Baard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDE ICE ON A FARM? YES NO bilal Montg. Rd. State death. NAME OF 4. DATE Manth Year DECEASED OF DEATH (Type or print) the 195 % 5. SEX & COLOR OF PACE 7. MARRIED THE NEVER MARRIED TIE DATE OF BIRTH 9. AGE He value FUNDER TYPAR may lost b rthday) Months Hours WIDOWED [7] DIVORCED [7] yrs. IO IN 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working its, even if retired) Foreman Constrution Maryland s clong with form PM3.

salong with form PM3.

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st, and in app event, withi 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ARMED FORCES? 15. WAS DECEASED EVER IN U 16. SOCIAL SECURITY NO Mrs. Elizabeth Frizzell City, Md. 18 CAUSE OF DEATH | Enter only one couse per (he for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transil Office o DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stating the underlying o course test ő pending col Exon PART II. OTHER S.GNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY CATION pasa PERFORMED? Chief Medical E NO F 20g. EXTERNAL CAUSE WAS PRIMARY I gr CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of moury in Port I or Part II of Ham 18.) CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Mome, form. Month, Day, Year 20f. (City or fown) (County) (State) toclosy, street, office bldg, etc.) WEDI Not while 19,5 % at wark of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my certificate, forwarded DIRECTOR: opinion death resulted from: Natural causes 1. Homicide , Accident ... Suicide Undetermined manner **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE xecute the city should be f ASSISTANT MEDICAL EXAMINER design ol **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TY 22a. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Meadowridge Elkridge Md. ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ATSME Ellicott City. Md. .C. HIGINBOTHOM 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69504 tem. CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY **b. COUNTY** MARK IVEAMS A LENGTH OF STAY IN IL c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) h CITY OF TOWN IIf outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO TO NAME OF First Middle Lost 4. DATE Month Yeor DECEASED (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED 8 DATE OF SIRTH last birthdoy) Months Doys Hours DIVORCED [7] WIDOWED IT-100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. RIRTHPLACE (State or foreign country) 12. CITEZEN OF WHAT COUNTRY? during most of working life, even if retired) DRAL 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSETJAND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO Conditions, if any, which gave rise to immediate per DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES TO NONZ 20d. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOLLARS OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter rigiure of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year (County) (State) foctory, street, office bldg., etc.) Hour a. ft. While Not while at work 🗀 al work p. m. 21. I certify that I attended the deceased from 1922 that I last saw the deceased alive on and that death occurred at 7 [2]M, from the causes and on the date stated above. ADDRESS (Street? city or lown, state) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREOF 230-38URIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REE'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE AUG 1 3 '58 YS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 E 9511 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY · Pali MARYLAND death. ero b. CITY OR JOWN (If outside corporale limits, write RURAL and give access town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å shavid i Waste-1 d. NAME OF HOSPITAL (If not in haspital, give street oddress) d STREET ADDRESS OR INSTITUTION and NAME OF Middle filled DECEASED (Type or print) within 5. SEX 6. COLOR OR RACE MARRIED THEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED | executed ā 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR DEDUSTRY ring flost of working life, even if retired) gug carban, ofter 13 FATHER'S NAME

CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

DUE TO

DATE THEREO!

(b)

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CDTI	EIC A	TE.	∩E	n	EATH
CK II	LICE	416	Or	V	EMILL

09505 Reg. Dist. No. e IS RESIDENCE ON A FARM? YES NO FA Day Year 195 3 IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY?

WEINTLA 14. MOTHER'S MAIDEN NAME

DATE

DEATH

INTERVAL BETWEEN ONSET AND DEATH 1222 dale

Address

b. COUNTY

AGE Un Vears

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(9) 19

all, with Eliver 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)

aller accuse.

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PARY I. DEATH WAS CAUSED BY:

Conditions, if any, which

gave rise to immediate

cattle (a), stating the underlying couse last.

Havr a.m.

p. m.

IMMEDIATE CAUSE (o)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)

20f. (City or town)

(County)

(Stole)

WAS AUTOPSY PERFORMED?

YES NO

21. I certify that I attended the deceased from

CERTIFI

at work at wark

17. INFORMANT

. 19 5 8 that I last saw the deceased

and that death accurred at_____

16. SOCIAL SECURITY NO.

ADDRESS (Street, city or Jawn, state).

20 ush

M, from the causes and an the date stated above. DATE SIGNED

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, EREMATION, 225

REMOVAL (Special)

225 NAME OF CEMETRRY OR CREMATORY

22d. LOCATION (City, Tax)

23 FUNERAL DULETOR'S SIGNATURE

24g. REC'D'BY REGISTRAR DATE SEP 2

24b. REGISTRAR'S SIGNATURE Liber & Traus

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permit. any

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VS A15 (4) 15M 9/55

1		MARTLAND:	7 + am 7 60 7 "	3 0-1-62 04	I-BALIIMOKE, I	09506
		0510	CERTIFICA	ATE OF DEATH	1	00000
1		3016				Reg. Dist. No.
	1, [PLACE OF DEATH COUNTY TALBOT	MARYLAND	o STATE Mary	b. COUNTY	Residence before admission
	'	b. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town)	2 dame.	c. CITY OR TOWN IT o	Utside corporate limits, write RU	RAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION EASTON MEMORY	and block	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO NO
	1	NAME OF DECEASED (Type or print) // R9/n/a	Middle	HAMILTON	4. DATE Monti	28 1958
	5. 5	Fe White WIDOWED	AN WICHWAGE	tel-24 18	76 P. AGE (In years lost by thdoy) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
1	10a	. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even it retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLAGE (Stote	or foreign country	12. CITIZEN OF WHAT COUNTRY
)	13.	FATHER'S NAME TASEOR Him	OWRIGht	14. MOTHER'S MAJORN N	6 Harret	4
	15. (Yes	WAS DECEASED EVER IN U SARMED FORCES? 16. 50 b. no pr unknown) (If yes, gavey or or data of service)	OCIAL SECURITY NO. 17	NFORMANT	Puth Wharte	n St-Michel M
		18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c)]	. (.)	77	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	yded wit	read heter	cle 37	6 : 45 1/1
		DUE TO	V _{ij}	1 t	J	/ /
		Conditions, if any, which) (b)	Terriet.	inte are	wal briend	100
		gave rise to immediate couse (a), stating the under-		-		4. /
		lying cause lost	Cittle Cro	to elacit	toll y freat 1	f c/ -
\wedge	CATION	PART H. OTHER SIGNIFICANT CONDITIONS CO	ENTERNATION OF THE BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO M
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I or Part II of item IB)	
	MEDICAL	Hour a. m. While	Not while at work	ACE OF INJURY (Home, form, ctary, street, office bldg., etc	20f. (City or town)	(Counly) (State)
		21. I certify that I attended the decease	from 2 > 23	1854 to -	8-18 1950	that I last saw the deceased
		alive an 0 - 5 19 5	and that death	accurred at 735		nd on the date stated abave
		ACTUAL SIGNATURE PERSONNELS	ex ky		COMESS (Street, city or town >	
/		PHYSICIAN'S They 1:1 19	CxiCayly	/		12-25-55
	220	REMOVAL (SPICIFY) REMOVAL (SPICIFY) REMOVAL (SPICIFY) REMOVAL (SPICIFY) REMOVAL (SPICIFY) REMOVAL (SPICIFY)	220 NAME OF GEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	recounty) (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRES5	240. REC'I	BY REGISTRAR 24b REGIS	TRAR'S SIGNATURE
	X	1. Hankelon Harrist	w, st. muy	DATE	SEP 2 '58 C	Inthun & Kares
				mao.		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

513	CERTIFICATE OF	DEATH

09507 Reg. Dist. No

Children & House

0020		11 110,
1. PLACE OF DEATH O. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence STATE b. COUNTY	e before admission)
b. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town)	e. CITY OR/OWN (If outside corporate limits, write RURAL and g	Ive nearest town)
Fasten	Kaslen -	
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Memorial Hospilal	130 West ST.	YES NO P
3. NAME OF DECEASED (Type or print) Mrs. 5 Tolla.	Landison DEATH CLOCKST	Doy Year 30 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS.
F. WIDOWED DIVORCED	Nec. 15, 1895 62 yrs. Months	Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	JSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CIT	ZEN OF WHAT COUNTRY?
H, W.	Md,	le. 5.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Mr. Jemroo, W. Wreen wood	Leorging Hunson	
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17.	INFORMANT Address	
(Yes, no. at wikingwin) [If yes, give wor or dates of service)	/ '	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	7- 10-1-0-	ONSET AND DEATH
153,8 IMMEDIATE CAUSE (o) DUE TO	ue carrerpa	6
	1 0- 0	7
Conditions, if ony, which gave rise to immediate	and of some	
couse (a), stating the under. DUE TO lying couse lost.	•	
	T NOT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BAST	YAROTIN WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	THO RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	PROJECT A SECULAR TO BOOK I SECULAR TRUE TO BOOK IN A SECURAR TRUE TO BOOK IN A SECULAR TRUE TO BOOK IN A SECURAR TRUE TRUE TO BOOK IN A SECURAR TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	ED. (Enter nature of injury in Port I or Port II of item 18)	
141	LACE OF INJURY (Hame, form, 20f (City or town) (Coctory, street, office bidg., etc.)	ounty) (State)
Hour a.m. P. m. While Not while of work of work to	and the state of t	
21. I certify that I attended the deceased from Opril	1 . 195 Sto 10 930 168 that 11	ost saw the deceased
717/1	11/12-11-	
onve dil di	h accurred at JOTAM, from the couses and an the ADDRESS (Street, city or June 1997), state)	e dota stated above.
ACTUAL 13 Com	1 - VIZA ATIM	
SIGNATURE	M.O	
PHYSICIAN'S NAME (Type)		///
230 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify)	is indicated that the	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
Particles to begin the	DATE SEP 3 '58 Charles 9	+



VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPART	MENT	OF HEAL	TH-BALT	IMORE, 1	8
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CERTIFICATE OF DEATH

09508

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Reg.	Dist.	No.	
 			_

- II													
1.	PLACE OF DEATH G. COUNTY	na 11 ab		MARYL	- 11	o. STATE			d lived. If institution by COUNT	Υ		odmission)	
H		ralbot	da sumi Pa	c. LENGTH OF STAY IN			rylar		rate limits, write	Caro		h (
	RURAL and give n	earest lawn)	rs, wire	- A		c. CITT OK I	OAAN (IL OC	итием согро	raie simits, write			s townj	
_	4.4 4.4.1.1			ary	2	Dento		RFD		(Hob)		.,	
	OR INSTITUTION	IAL (If not in hospital, g	ive street	oddress)		d. STREET AL	DDRESS		-6-	v 2	0.	S RESIDENT	CE V3
B	iemorial H	osnital							55,	/ - F-		ES 🔲 NO	
3.	NAME OF	Fir	sf	Middle		Lost		4. DATE	Mo	enth	Day	Year	
П	(Type or print)	Orem		Haywood		Henry		OF DEATH	August		31	195	Q
5.	SEX		7. MARR	HED NEVER MARRIED	8.1	DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDE			
	Male	15.7	WIDOWI	_	_	lah.	7.05	. 0	lost birthdoy)		Doys H	ours M	in.
10		ON (Give kind of work)		KIND OF BUSINESS OR		Y 11 RIPTHPLA	187				ITIZEN OF V	VHAT COU	NTPY2
	during most of wor	king life, even if retired	1	AND OF COSHESS ON	11100311	11.0			· · · · · / /				,
<u> </u>	Carpente	r					Mary				U.S.A.	1	
113	FATHER'S NAME				- 1	14. MOTHER'S	MAIDEN N	AME					
L		mes Henry					מיז	known					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INFO	DRMANT			Ad	dress			
		V. 114 & 14 14 14 14 14 14 14 14 14 14 14 14 14											-
-	18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne far, (a), (b), and (c))	,	4					Ut- RY	At JY	6.7
	PART I DEATH WAS CAUSED BY:												
П	IMMEDIATE CAUSE (a) DUE TO												
	Conditions, if any, which) the explication since C-V de our							/	51				
	gove rise to i	mmediate		of part of				CC				-/_	
Н	couse (o), stoting	the under- DUE TO)	1'									
,	lying couse lost.) {c	}										****
15	PART II. OT	2	/ -	CONTRIBUTING TO DEAT	- 8 L		1, .	NAL DISEAS ALT A	E CONDITION G	IVEN IN PA	R3 1(o) 19. 1	WAS AUTO PERFORMED	rst X
3		Minne	war	is flee .	ecrecc	reces- w	(%	every or			YI	S NO	Z
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS DEATH	20b DES	CRIBE NOW INJURY OC	CURRED ((Enter noture of	injury in P	oit 1 or Por	t II of item 18)			·	
		*	- 00 1 1	19107 00010000 13	0- NAC	n varuut 20 2	1	Took very			4.00		
MEDICAL	Hour a.m.	Y Month, Doy, Ye	While	Not while	foctor	E OF INJURY (Hry, street, office	bldg., etc.)) 	r or town)		(County)	ſ2	tote)
ME		19	at wor	k at work				1					
	21. I certify th	nat Cattended the	deceas	ed from 25	there	1958	, to3	1 leur	195	that 1	last saw	the dece	eased
	alive an	31 446	. 19.4	2, and that a	death o	ccurred at .	2:10a	M. from	n the causes	and an	the date	stated a	bave.
		111	. /	, ,					treet, city or lawy			DATE SI	IGNED
	ACTUAL SIGNATURE	il with	1/4	les on -			(Buch	12/1	Hisce la	and	45	Se 1-1	53
	SIGNATURE	1 112 6 77 1 3 3		/	M.I	·		7025				/	/-
L	PHYSICIAN'S NAME (Type)	THURS:	01	HANRI.	SON								
22	O TURIAL, CREMATIC	N. 226. DATE THEREC	DF // N	22c. NAME OF CEMET	ERY OR C	REMATORY		22d LOCA	ZION (C ty. town,	or county)		(Stote)	1
	Janua !	SUM3	191	Dent	Bn				leiton			Ma	
23	FUNERAL DIRECTOR	'S SIENSTURE	_	ADDRESS			24g. REC'D	BY REGIST	TRAR 246, REG	ISTRAR'S S	IGNATURE		
	4.1-	Myre	N x	962 K)	int	19	DATESE	P 5 '5	18 a	rthug &	House		
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	V		- / -	~ ~							



after death

within

executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09510 9516 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) COUNTY b. COUNTY MARYLAND funeral ofter death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 g RURAL and give nearest lown) P d. NAME OF HOSPITAL (II not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? within 24 hours YES NO 🗌 2 NAME OF DECEASED First 4. DATE Middle Lost Month Dov Yeor Filled OF DEATH (Type or print) 1958 nne 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR/OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH Months Doys Hours WIDOWED | IVORCED T CoL YES make executed 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 117 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN/ S' ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAL Address (If yes/give wor or doles of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1.2 has IMMEDIATE CAUSE (o) that DUE TO þ Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART 15 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY burial-tra PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature all injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour p. m. Not while of work of work 19-5 that I last saw the deceased 21. I certify that I attended the deceased from ISAM, from the causes and on the date stated above. alive on and that death occurred at _5 ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT ACTUAL SIGNATURE pjnoys FUNERAL D PHYSICIAN'S HOSPITAL NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) MREMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Circhard S. Thank AUG 1 5 VS A15 (4) 15M 9/55



CERTIFICATE OF DEATH 9528

Reg.	Dies	N.
DAM:	VIDI.	179.

9000	J			Keg. Dist. No.				
1. PLACE OF DEATH o. COUNTIDOT	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	re deceased lived. If institution b. COUNTY	Tazkot				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Wittman	Life	c. CITY OR TOWN (IF or Wittman	itside carporate limits, write R	URAL and give nearest (own)				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION None	oddress)	d STREET ADDRESS	1	IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) Ollie	Middle E a. M	larshall	4. DATE Mon OF DEATH 8	h Day Year 17 1958				
5 SEX Male 6 COLOR OR RACE 7. MARI	7	6-18-1912	9. AGE (In years lay hirthdoy) 40 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min				
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Waternan	rind of Business or Industrab & Oyster		er foreign country)	US US				
John W. Marshall		Eva Moore	AME					
(W., ., ., ., .)		nformant Irs. Harriso	n Ross	ess Ma				
PART I. DEATH WAS CAUSED BY (to IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse lost.	Chroni.	acute a	Works	INTERVAL BETWEEN GNSET AND DEATH THE STATE OF THE STATE O				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part II of ilem 18.)					
Hour e.m. While	7	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)		(County) (State)				
21. I certify that I attended the decease alive on	sed from		M. from the causes of the first that the causes of the	nd on the date stated obove				
PHYSICIAN'S NAME (Type)	REESE	R So T	ILGHMA	+10 MS				
220. BURIAL, CREMATION, 226. DANE THEREOF 8-19658	22c NAME OF CEMETERY O	R CREMATORY thodist	Tilghman	or county) M.d. (Stole)				
23 FUNERAL DIRECTOR'S AIGNATURE	La Lancar	Grad DATELUG		STRAR'S SIGNATURE				

d-mptetely filled in by the funeral director. ers. Pages I and 2 should be filed with In HORNIAL CE ATTENDING PHYSICEN: The for equire that the death certificate be executed within 24 hours after death. The 4 may be retained by the haspital in altending pllysician.

TO FUNERAL DIRECTOR: Asket this certificate has been signed by the attending physician and page 3 should be detached, to use as the burial-transit permit. Then please remove week the registrar prior to buriat, cremation, ar removal, and in any event within 72 hours after the registrar prior to buriat, cremation, ar removal, and in any event within 72 hours after the registrar prior to buriat.

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VS A15 (4) 15M 9/55



VS A15 (4) ISM 9/55

	9517 c	CERTIFICATE OF DEATH	Reg. Dist. No. U3511
	1. PLACE OF BEATH o. COUNTY TALbot	MARYLAND 2. USUAL RESIDENCE (Where de o. STATE MARYLAND	eceased lived. If institution, Residence before admission) b. COUNTY TALBOT
	RURAL and give nearest town) EASTON 3	Lo 4 EASTON	e carparate limits, write RURAL and give nearest town]
`	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION ASTUM MEMOVIAL	HASP 116 GLENN	JOOD AUENUE ON A FARM? YES NO BY
	3. NAME OF DECEASED (Type or print)	- McCLAIN	DEATH august 26 1958
		DIVORCED 3-26-58	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF 8U: during most of working life, even if retired)	maryla	reign country 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME GEORGE David Med 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECU	14. MOTHER'S MAIDEN/NAME CA: N TR FRANCES DRITY NO. 117. INFORMANT II	WIN: FRED HARR'SON
	[Yos. no. or unknown] {if yes, give wor or dotes of service}	my Genge	Daris Me Ching-
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	sture is it wy	720 grand Interval between onset and Death
	Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under:</u> Lying cause last.		
		G TO DEATH BUT NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		INJURY OCCURRED. (Enter nature of injury in Part I	or Port II of Item 18)
	ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU While Not white of work of work of work	foctory, street, office bldg., etc.)	V. (City or town) (County) (State)
	21. I certify that I attended the deceased from alive on 127, 1977, ar	nd that death occurred at 12 DM,	12-6, 19 1 That I last saw the decease, from the causes and on the date stated above
	ACTUAL SIGNATURE	M.D. SOS	LESSASLED, CITY TOWN, SIGHT
	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF	OF CEMETERY OR CREMATORY , \$224	10CATION (Gry, town for county) (Sure)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRES	Mount Apple	Tasley 11 a
	/ /	DATE SEP 8	100

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			CERTIFICATE OF DEATH Reg. Dist. No. 19513
l director		1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. COUNTY ALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. COUNTY ALBOT ALBOT MARYLAND
be f			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the fun d 2 should	M		d. NAME OF HOSPITAL (If not in basis to give street oddress) or INSTITUTION FM ORIAL HOSP, ASTREET ADDRESS BOX 169 ON A FARM? YES NO
filled in	08.		NAME OF DECEASED (Type or print) DEBRA ANN Middle MAN JAY 4. DATE OF Month T Day Year OF THE OF DEATH AND THE DEST 1958
oletely f		5. :	SEX II. COLOR OIL RACE 7. MARRIED NEVER MARRIED III. DATE OF BIRTH 9. AGE (In foors lift under 1 YEAR IF UNDER 24 HRS. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Dayy Hours Min. Months Months Dayy Hours Min. Months Mont
	960	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (State or foreign country)
physician armove carbo	I	13.	FATHER'S NAME ALVIN MILLER EMMA G. MONDAY
	Z hours		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT IN PROCESS OF SERVICES O
attending on please o			18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
by the	ب مر د		Conditions, if any, which) (b) Foral (Italectases)
on. It signed	0 C+ D		gave rise to immediate couse (a), slating the under-lying couse last.
physici nas beer rial-tran	o lovol,	CATION	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ficate the bu	, or reg	CERTIF	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ol or ar this cert tuse os	P0000	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (County) (Stote) 40e PLACE OF INJURY (Home, form, 20f (City or town) (County) (County) (City or town) (County) (City or town) (County) (City or town) (C
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ECTOR De deta	בי בי		ACTUAL SIGNATURE Ache & Bay Could M.D. 205 Early Que Easton Md 8-7-5
AL I	ing forts		PHYSICIAN'S TOHNE BAYBUTT 205 EARLE AIL EASTON MIL
	ra regist	200	BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Signe) Security 8/5/5/ New Town Ce Condiners
S A15 (4) SM 9/55		23.	funeral director's signature address 240, REGISTRAR'S AGNATURE of 1 4 758
	4	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIC CERTIFICATE OF DEATH

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v	•	3.7	4	-74

FOR STATE	3013 MEDICAL EXAMINER 5 CERTIFICATE OF DEATH Reg. Dist. No.	ζ
HEALTH DEPT.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of COUNTY of STATE Notice and the County of)
sary. plector. Pour files	b. CITY OR TOWN It outside corporate hmile, we be SURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give fideral town)	
is naces and direction of the sound of the s	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 0. S. S. S. S. D. O. N. A. F. A. O. N. A. O. N. A. F. A. O. N. A. O. N. A. F. A. O. N. A. O. N. A. O. N. A. F. A. O. N. A	RM
the four the States of the Sta	3. NAME OF DECEASED First Camples Plevies OF DEATH OLIG 3 195	8
h. If on 3 to 3	5. SEX 6. COLOR OF RACE 7. MARRIED B DATE OF BIRTH WIDOWED DIVORCED LAW 30, 1870 WIDOWED DOYS Hours Mir	۸,
1, 2, o	100. USTAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHULACE (Softe or foreign country) 12. CITIZEN OF WHAT COUNTRY IN BIRTHULACE (Softe or foreign country) 12. CITIZEN OF WHAT COUNTRY IN BIRTHULACE (Softe or foreign country)	N™R
Pages of Pag	13. FASTER'S NAME A. Caduson Glispheth Fr. Chileatt	
B. Given and Formal Formal Formal Formal File File File File File File File Fil	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (10) you give war or data of service) 3.19-36-7310 Lacel G. Levines Fasters The	A STATE OF THE PARTY OF THE PAR
Item Item Item Item Item Item Item Item	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
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in pe miner's o buri	gave rise to immediate cause (a), stating the underlying cause last. (c)	
ficole si pending cal Expr used as remotic	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTO PERFORME YES NO	97
wis certification word The Medic uld be orial, c	206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Parl 11 of item 18)	
NER: IT and the v and the v or to b	20c. TIME OF INJURY Month, Doy, Year Hour 20d. INJURY OCCURRED While Not while of work 19 m. 19 of work 19 of work 19 work 19 work 19 of work 1	tota)
e. wifii	21. 1 certify that I taak charge of the remains described above, held on Autopsy, Inspection Inquiry, and in ap'nian death resulted from: Natyral causes Accident, Suicide, Hamicide, Undetermined manner	m
ertifico: orward iRECTC	ACTUAL SIGNATURE LEZZI / WILL TO M.D. CHIEF MEDICAL EXAMINER DATE SIGNA	10
or the ce	EXAMINER'S NAME (Type) NFLTH DEPUTY MEDICAL EXAMINER (Type)	8
o Especial State of Function o	220 BLRIAL CREMATION 220 DATE THEREOF 22C. NAME OF CEMETERY OF CREMATORY 22d. LOVENON (C.V. town. or county) Stote)	•

240. REC'D BY REGISTRAN

DATE AUG 6

246. REGISTRAN'S SIGNATUR

VS. A15ME 5M 2/57

		9520	CERTIFIC	ATE OF DEATH	Reg. Dist. No.
M)	1.	PLACE OF DEATH COUNTY TO DOC	MARYLAND	2 USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: Residence befare agmission)
		b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	imits, wello c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porate timits, write RURAL and give nearest town]
		d. NAME OF HOSPITAL (IF not in hospital or institution	give street address	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM? YES NO
	3	NAME OF DECEASED (Type or print)	bler Midte	ichols OF DEATH	0401401 90 170
/ T	1	SEX 6. COLOR OR RAI	WIDOWED DIVORCED	8 DAJE OF SIRTH 76 1876	9. AGE (Index) IF UNDER 1 YEAR IF UNDER 24 HP. (ast b thay) yes. Months Days Haurs Min.
L	Ł	during most of working life, even if reti	rk done 106 KIND OF BUSINESS OR INDI	Maryland	2 (COUNTY) 12. CITIZEN OF WHAT COUNTY
	Z	GATHER'S NAME	CHOP	14 MOTHER'S MAIDEN NAME	Valet:
		. WAS DECEASED EVER IN U. S. ARMED I		Min F SIE Vic	noc T. yope 1
		18. CAUSE OF DEATH [Enter only one PART I DEATH WAS CAUSED 8 IMMEDIATE CAUSE	y Cadina All	intire by to	INTERVAL SETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate	10 artie 2	mylling	7
	7	lying couse last.	(c)	pr d	
2					ISE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AL CERTIFIC		TH R)	ED (Enter nature of injury in Port I ar Pe	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Hour c. m. p. m.		PLACE OF INJURY (Home, form, 20f. (Ci actory, street, office bldg., etc.)	ty or town) (County) (Stale
		21. I certify that priended alive an alive and alive alive and alive alive and alive alive alive and alive	1 Lind	2	, 19,that I last saw the decear om the causes and an the date stated abo
1		ACTUAL SIGNATURE	chmiel	MD. 219 5 MILL	Street, city of town, state) DATE SIGN A L L L L L L L L L L L L
		PHYSICIAN'S E. C.	4. Schimide	4 Contar	16, Maybal
		CREMOVALIZATER CILLY 3	REOF DE NAME OF CEMETERY	Till C	ATION (City, Jown, or coulons) (Sign)
	23	1. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o, REC'D BY REGI	STRAR 246. REGISTRAR'S SIGNATURE

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be



HEALTH DEP1 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded 1, the Chief Medical Examiner's Office along with farm PM3. TO FUNERAL DIRECTOR: 3 shauld be used as a burial-transit parmit. File ages 2 with the State Board of Health, or its matter and in any event within a later death.

VS A15ME 5M 2157

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09518

Reg. Dist. No.

9523	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
64 12 64 KF				

•	7, 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission)
)	, °	G. COUNTY Talbet MARYLAND	a STATE New Versell b. COUNTY
	Ь	b. CITY OR TOWN If ou a de corporate him to write RURAL C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)
		and give recrest town 3hvs.	Elizaboth
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENTE
		Memorial Hospital	250 Brogoway YES NO
	3.	NAME OF First Middle	Lost 4. DATE Month Day Year
		OFCEASED (Type or print)	Quelus DEATH August 31 18 x 8
	5. S	SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 B	DATE OF BIRTH 9. AGE (In your IF UNDER IYEAR IF UNDER 24 HKS.
		M 4/ WIDOWED DIVORCED	March 18, 1975 her brithday Months Days Hours Min.
1	10a	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRI	
	d	during most of working life, even if retired)	New Jerson USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1	STONION Parlas	
	15.	. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INF	Helen Lausewiech
	[Y41	e. no, er unknown) (if yes, give war or dates at service)	250 BROROWAY
	=	000 137-267404111	STANLEY - FAWLUS, E-12ADETH, N.V.
		PART I. DEATH WAS CAUSED BY:	INTERVAL SETWIEN ONSET AND CHAIR
		IMMEDIATE CAUSE (o)	The state of the s
4		82/X DUE TO	V
1		Conditions, if ony, which (b) a earder!	
		(o), stating the underlying DUE TO	
		couse lost. (c)	
	ğ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
j.	CERTIFICATION		YES NO 12
	ELL	I PRIMARY LI 07 CONTRIBUTING []	ter nature of injury in Part I or Part II of item 18 }
		CAUSE OF DEATH.	
	WEDICAL		E OF INJURY (Home, form, 1201, (City or town) (County) (State)
Þ	MEC		Te lighting desending lat
		21. I certify that I taok charge of the remains described above	e, held on Autopsy . Inspection . Inquiry . and in my
		opinion death resulted from: Natural causes . Accident [Suicide , Hamicide , Undetermined manner
		71 71	tond tond
,		SIGNATURE LU Verry Joher	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
A.		Y	ASSISTANT MEDICAL EXAMINER [] 8/3/-58
		NAME (Type)	DEPUTY MEDICAL EXAMINER []
	220	BURAL CREMATION, 1226 DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d LOCATION (City, town, or county) (Store)
	1	REMOVAL (Specify) 9/5/5-8 ROSEMILL (EMETERY FLYDER MIT
	23.	FUNERAL D RECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
	1	W. Francis Court Francis	DATECTO 9 158 Orthung S. Klines



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

						CEDTIE	CATE OF I	SEATL	3			(, ,	
		<u>95</u>	21			CEKIIFI	CATE OF I	JEATT	1		Reg. Dist	l, No.	
	1. 6	LACE OF DEATH	lha+			MARYLAN	STATE .	DENCE (Wh	ere deceased	lived. If instituti b. COUNTY		1	nission)
	Ł	L. CITY OR TOWN (orote limits, wri	e c LENGT	'H OF STAY IN 1	b c CITY OR	TOWN (If o	utside corpore	ote fimits, write R			
		RURAL and give n	Ston.			71,000		7	en i	Anna	17	U 1	1
,	,	d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in h	aspital, give str	eet oddress)	ways.	d. STREET 7		<u>e_n</u> /	1	e	1 01	RESIDENCE N A FARM?
		140	meric		05/0//	4. [□ NO □
		NAME OF DECEASED (Type or print)	ý	Polan	d	Middle	Pinkney	il /	4. DATE OF DEATH	Augu.	5/	19	Yeor 19 5%
	5. 8	SEX	6. COLOR C	R RACE 7. M	ARRIED NE	VER MARRIED	B DATE OF BIRT	Н	9	P. AGE (In years lost birthday)	Months I		IDER 24 HRS.
		M	1 C	✓ WIDO	OWED []	DIVORCED	May	7, 19	07	5/ yrs.	Months	Days Hau	rs Min.
	10a	. USUAL OCCUPATION	ON (Give kind	of work done 1	06 KIND OF	BUSINESS OR IN	DUSTRY 11 BIRTHP	LACE (Stole	ar foreign co	untry)	12. CITI	ZEN OF WH	AT COUNTRY?
1		- 1 - 1	NEY	ii reiireoj	For	mine		Mar	rulax	d	-	1151	4
1	13.	FATHER'S NAME			, 4,	1	14 MOTHER'S	MAIDEN N	- Transmission of the			1. 4.7	
		C.	havle	2	Pint	n 0.11		Maria	, Flo	m & v			
		WAS DECEASED EVE			16. SOCIAL SE	CURITY NO 1	, INFORMANT	14-7		Add	ress		
	(1 05	i. no. or unknown]	(If yes, give wor o	it adder of reserven)									
	Ħ	18. CAUSE OF DEA	ATH [Enter an	ly one couse pe	er line, fyr (a),	(b), and (2).]	1	,		,	0.	INTERVAL	BETWEEN
			TH WAS CAU	SED BY	arel	val 1	resson	hoy	0 ~	Meg la	X	ONSET A	ND DEATH
		HHGX	IMMEDIATE	DUE TO	01			-//-		1/		-	
		Conditions, if a	ny which 1		1/2	londe	malain			V			
		gove rise to i	mmediata ((b) DUE TO	.11	- /							
		couse (a), stating lying couse lost	the under-		1//2	1600	selve	PL	1				
	×		HER SIGNIFICA	(c)	NS CONTRIBUT	ING TO DEATH	BUT NOT RELATED TO) THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PART	1(o) 19. W/	AS AUTOPSY
	CERTIFICATION											PER YES	EGRMED?
•	IFIC	20a. ACCIDENT W	AS UNDERLYIN	G 🖂 20b. I	DESCRIBE HOV	V INJURY OCCU	RRED (Enter nature o	of injury in I	Port I ar Parl	II of item IB 1		1.12	CV 110 []
	CERT	OR CONTRIBUTING	MEDICAL EXA	DEATH MINER)			(4			,			
		20c. TIME OF INJUR			d. INJURY OC	CURRED 20e	PLACE OF INJURY	Home form	20f /Cibr	or lown)	(C)	ounty)	(State)
	MEDICAL	Hour o.m.		w	ule Nat	while	factory, street, offic				10.	0011171	(state)
	×	p. m.	0.	11. 11	work at w	A			<u> </u>				
		21. I certify th	off attend	led the dece	eased fram		, 19	_, to	g	, 19	,that I lo	ast saw th	ne deceased
		alive on	Pun	77//	X	and that de	ath accurred at	3:701		the causes of		e date st	ated above
		ACTUAL /	K100	LAN.	1	-X	2/0	7 6	ADDRESS (Sir	eet, city or town,	signe)	27	DATE SIGNED
		ACTUAL SIGNATURE	XX.		M	-er	_M.D. 177		10051	7/17/2/	0//	4.6.	20/14/2
7		PHYSICIAN'S NAME (Type)	5.1	C-H-	Soly	17716/	× E	397	017	16,1	1/34	1/200	L.
	220	BURIAL CREMATIC		E THEREOF	22c. NA	ME OF CEMETER	Y_OR CREMATORY		22d. LOCATI	ON (City, town	or county)	, (5	itote)
	1	SEMOVAL (Specify)	ling	24,1958		Santo	र्टिक्ट		1	till	020	- hu	(,
	23.	FUNERAL DIRECTOR	SIGNATURE	7	CADO	RESS		24a. REC'	D BY REGISTE	PAR 245. REGI	STRAR'S SIG	NATURE	
1		KVL	ew	hote	e No	- ye	Low	DATE	2.8 158	an	lun S. H	roug	

TO HOSPITAL OR ATTENDED PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hose of an attending physician.

TO FUNERAL DIRECTOR: Any this certificate has been signed by the attending physician and physician physician and physician are as the burial-transit permit. Then please remove carboid ers. Pages I and 2 should be filled with the registrar prior to burial, emation, ar removal, and in any event within 72 hours offerward. VS A15 (4) 15M 9/55



22c. NAME OF CEMETERY OR CREMATORY

Lucus For

ADDRESS.

that may be retained by the property FUNERAL DIRECTOR: HOSPITAL

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page

PHYSICIAN'S NAME [Type] 220 BURIAL, CREMATION,

PREMOVAL (Specify)

22b. DATE THEREOF

246 REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

LOCATION (Cit

Cribur & Kraus

lown, or county'

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(State),

(State)

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HOSHITAL G TO FUNER m page he VS A15 (4)

Yeor Day 1958 IF UNDER LYEAR IF UNDER 24 HRS Months Days Min. 12. CITIZEN OF WHAT COUNTRY? Address PINTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO II (County) (State) 1922 that Llast saw the deceased and that death accurred at 3 40KM, from the causes and an the date stated above. ADDRESS (Street, city, for Jown, state) 220 BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Ipwn, or county) (State) REMOVAL (Specify) 958 240. REC'D BY REGISTRA 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Cab. REGISTRARY SIGNATURE

09519

IS RESIDENCE

ON A FARM? YES IN NO TO



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) director. Page far your files. o. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (Il outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) M retained far your e State Board of -(OA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ate 3, NAME OF 4. DATE Lost Month DECEASED OF DEATH (Type or print) Minna 9 AGE (In years / 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BRITH IFUNDER TYEAR IF UNDER 24 HRS last birthday) Months WIDOWED [100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) be executed within 24 haurs after depending in flem, 18.º Give Pages 1, 2, s Office along with form PM3. Paginol-transit permit. File pages 1 of pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAN S ARMED FORCES? SOCIAL SECURITY NO 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), pub PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **Sunol-transit DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** miner (o), stoting the underlying ø cause lost. Gran Exam PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY beed edical 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Ž p MEDICAL 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 1 20f (City or town) 5 듶 factory, street, office bldg , etc.) of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 77 DIRECTOR: Homicide |] opinion death resulted from: Natural causes . Suicide Undetermined monner designated CHIEF MEDICAL EXAMINER FUNERAL D DEPUTY MEDICAL EXAMINER W THE OF CENTERY OF CREMATORY 22d LOCATIONACTLY, town, or county)

ADDRESS

VS. ATSME

5M 2/57

23. FUNERAL DIRECTOR'S SIGNATI

0

240 REC'D BY REGISTRAIN

246, REGISTRAR'S SIGNATURE

(County)

ON A FARME YES NO

Yeor

195

Hours

INTERVAL BETWEEN ONSET AND DEATH

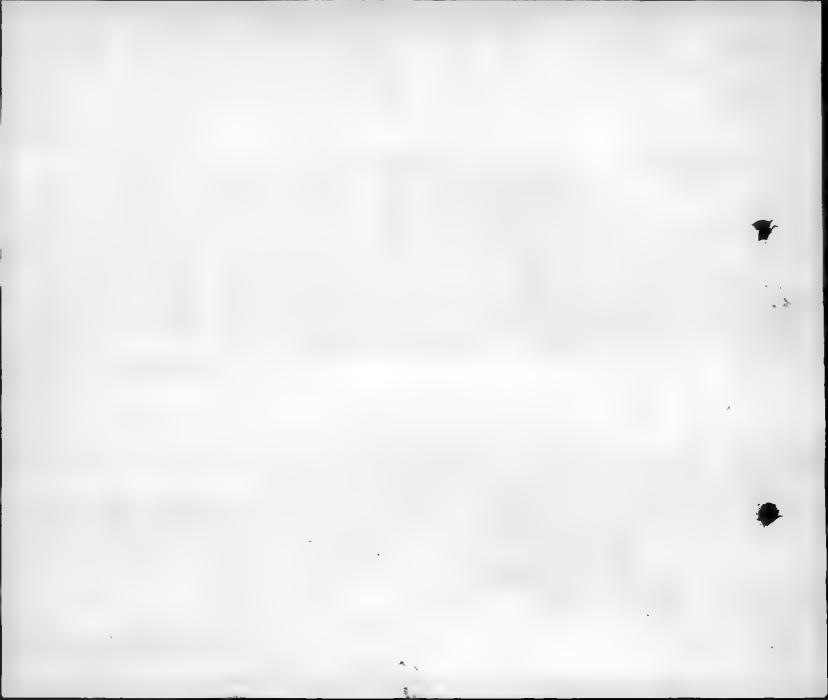
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may be retained by the haspital or attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	60	the registrar prior to burial Framatian, ar remaval, and in any event within 72 haurs after de
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VS A15 (4) 15M 9/55

9	526		CERTIFIC	ATE OF DE	EATH			Reg.	Dist. No	09022
1. PLACE OF DEATH COUNTY TE	albot		MARYLAND	2. USUAL RESIDER	NCE (Wher	-	lived. If in	INTY	idence befo	
RURAL ond give		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If out		te limits, w	rite RURAL o	ind give ne	arest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street o	ddress)	d. STREET ADD	DRESS					e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fi W4771em	•	Middle rd Sharp, S	Lost	shin	gton DATE OF DEATH	A 22.00	Month 25 • 7	D. 1958.	YES NO TO TO THE NO.
5. 5EX	6. COLOR OR RACE	7. MARRI	EDE NEVER MARRIED	B. DATE OF BIRTH		9	. AGE (In y	eprs DF UN	DER 1 YEAT	R IF UNDER 24 HI
M	9.	WIDOWE	DIVORCED TO DIVORC	July 24	. 18		84	yrs. 🧻	1	
Farme 3. FATHER'S NAME Danie	Sharp VER IN U. S. ARMED FOI [1] If year, give wor or dotes of	RCES? 16. S	Retired OCIAL SECURITY NO. 17.	14. MOTHER'S M.	Reb	ecca	Shor	tall Address	J.S.	
Conditions, if gove rise to coëse (a), statinglying cause lost Part II. O	immediate g the under-)	ONTRIBUTING TO DEATH BL	T NOT RELATED TO TH	HE TERMIN.	AL DISEASE	CONDITION	Y GIVEN IN	PART I(o)	19. WAS AUTOPS PERFORMED?
PART II. O	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OCCUR	ED. (Enter nature of in	njury in Po	rt I or Port I	l of item 18	3.)	1	YES NO
20c. TIME OF INJU	10	while	Not while f	LACE OF INJURY (Ho octory, street, office b		20f. (City o	or town)		(County)) (Star
	that Lattended the	decease 19.5	d from 194	h accurred al		M, fram	the caus	es and o		aw the decedance stated about parts significant stated about the state significant states are stated about the stated abo
270. SURIAL CREMATI	71. Aug 27	-	22c. NAME OF CEMETERY Spring H			2d. LOCATIO		aryla	**	(State)
23. FUNERAD DIRECTO	OR'S SIGNATURE	6	ADDRESS M	2	ATE AUG	BY REGISTRA	AR 24b.	REGISTRAR'S		

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	MARTLAND SI	AIE DEPAKIN	TENT OF HEALTH	I-BALTIMOK	E, 10				
	9530	CERTIFIC	ICATE OF DEATH Reg. Dist. No. 19593						
1	PLACE OF DEATH O. COUNTY Falkat	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mace)	ere deceased lived. If in b. CO		(are admission)			
	b Tily OR TOWN (Byoutside corporate limits, write c. I RURAL and give regrest tawn)	ENGTH OF STAY IN 16	c. CITY ON TOWN (If or	ulside corporole limits, w	rite RURAL and give n	earest tawn)			
1	d. NAME OF HOSPITAL (If not in haspital, give street addr OR INSTITUTION	ess)	d. STREET ADDRESS			e. IS RESIDENCE ON A FASM? YES NO			
- 8	NAME OF DECEASED (Type or print) William	Romas !	Shereord	4. DATE OF DEATH	lug 10	Yeor 1958			
	M WIDOWED		8. DATE OF BIRTH	9. AGE (In last birth	yrs. Manths Days				
1	On USUAL OCCUPATION (Give kind of work dane 10b KINI during grast of working life, even if retired)	OF BUSINESS OR INDI	mac	estand	112 CITIZEN	OF WHAT COUNTRY?			
1	. FATHER'S NAME William Allewer	1	14. MOTHER MAIDEN W	Janes	~				
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	14-4236	Mus Top	n Romes	Shucer	1 Corlo			
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. CAUSE OF DEATH [Enter only one cause per line for IMMEDIATE CAUSE BY: IMMEDIATE CAUSE (a) 19. CAUSE OF DEATH [Enter only one cause per line for IMMEDIATE CAUSE BY: IMMEDIATE CAUSE (a) 19. CAUSE OF DEATH [Enter only one cause per line for IMMEDIATE BY: IMME	ionary (celum		01	SET AND DEATH			
INCITA TISITES	PART II. OTHER SIGNIFICANT CONDITIONS CON	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 7			
		HOW INJURY OCCURR	ED. (Enter nature of injury in P	Port I ar Part II of item 1	8.)				
MEDICAL	Coc. TIME OF INJURY Manth, Doy, Year 20d. INJUR Hour a.m. While p.m. 19 of work	Y OCCURRED 20e. P	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.	20f. (City or town)	(County	(State)			
		, and that deat	h accurred at \$360	ADDRESS (Street, city or		saw the deceased ate stated above. DATE SIGNED			
1	PHYSKIANIS	hober	M.D. Carit	Roille M	de	8/12-58			
2	NAME (Typo) 20 BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) 22 DATE THEREOF	C. NAME OF CEMETERY	OR CREMATORY	22d. KOZATION (City, 1	awn, or county)	State)			
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Castly	24a. RECCO	BY REGISTRAR 24b.	REGISTRAR'S SIGNATION S. These	JRE A			
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Section of cities in property